

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42381

State File No.

JAN 6 1942

Registration District No. 486

Primary Registration District No. 4294

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town Foley Eum
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 80 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Harriet Ellen Wagner

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married
6. (b) Name of husband or wife Henry Wagner 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 24 1961
(Month) (Day) (Year)

8. AGE: Years 80 Months 7 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Lincoln County Mo. O
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business _____

MOTHER FATHER { 12. Name Nathaniel Brimm
13. Birthplace N. Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Louisa Locke
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fred Roland
(b) Address Foley, Mo

17. (a) Burial (b) Date thereof 12-15-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elsherry, Mo.

18. (a) Signature of funeral director William Ricks

(b) Address Winfield, Mo

19. (a) Dec 12 41 (b) E. W. Powell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln
(c) City or town Foley
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12
year 1941 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from Dead suddenly
that I last saw h. _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

Other conditions g4 a
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State) /
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature A. W. Powell (M. D. or other)
Address Elsherry Date signed Dec 13 41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

W. G. Ricks

Licensed Embalmer No.

4012

P. O. Address.....

Winfield, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.